

Financial Institution Data Matching Program Agreement

Rev. 9/03

STATE OF UTAH DEPARTMENT OF HUMAN SERVICES Office of Recovery Services/Child Support Services

PURPOSE:

This agreement is between the Utah State Department of Human Services, *Office of Recovery Services/Child Support Services*, herein after referred to as *ORS*, and, _____, herein after referred to as the *Financial Institution*. This Agreement establishes requirements to be met by the *ORS* and the *Financial Institution*, pursuant to Utah Code Annotated 62A-11-304.5 and section 466(a)(17) of the Social Security Act, for the purpose of developing and operating a data match system. The *Financial Institution* shall participate in the automated exchange of data by providing, on a quarterly basis, identifying information for each non-custodial parent who maintains an account at such institution and who owes past-due support, as identified by the *ORS*. The automated data exchange system will be implemented and managed through the child support enforcement program of the *ORS* and/or its authorized agent.

Financial Institution agrees to the following:

1. Complete the FM01 and FM02 forms annually (by January 31st).
2. Submit the required data quarterly using one of the approved methods.
3. Submit for reimbursement based on incurred cost using the FM03 reimbursement request.
4. Contact the ORS Financial Institution Data Matching Program Coordinator with any questions or concerns.
5. Protect the confidentiality of any data/information supplied to the financial institution by the ORS.

Office of Recovery Services/Child Support Services agrees to the following:

1. Maintain an FTP site and provide alternate options for receiving/submitted data to financial institutions.
2. Accept and process data received within 30 days.
3. Reimburse Financial Institution based on quarterly incurred cost.
4. Provide information as needed.



ACTION:

To participate, the *Financial Institution* must sign and return this Agreement by January 31st of each calendar year.

PARTIES TO THE AGREEMENT:

Tiffeni Wall

Project Coordinator

Office of Recovery Services

Agency

PO Box 45011

Address

Salt Lake City, UT 84145

City State Zip

orsfidm@utah.gov

E-mail Address

(801) 536-8902 (801) 536-8509

Phone

Fax

Contact Name

Institution Name

Address

City State Zip

E-mail Address

Phone

Fax

DATA ELEMENTS AND REQUIREMENTS:

All data supplied under this Agreement as required below shall be in accordance with the Financial Data Match Specifications Handbook. (Published/Distributed – September 2000).

TRANSMITTING METHODS:

The following are the accepted transfer media used by the *ORS* at this time. Please check the type of media selected:

☐ FTP

☐ METHOD 1

☐ 3480 CARTRIDGES

☐ METHOD 2

☐ 3490 CARTRIDGES

☐ MANUAL

☐ MANUAL MATCH

Those institutions electing to receive a 3490E cartridge will be required to return the data on a 3490E cartridge. Institutions are advised that the *ORS* will return all used tapes/cartridges to the initiating *Financial Institution*. The *ORS* will require the return of the *ORS* tapes/cartridges after the completion of each quarterly match. Retention of the used tapes/cartridges will result in a fee charged to the *Financial Institution*.

AGENT:

The *Financial Institution* may designate an agent to perform the data match on its behalf by completing the information below.

Agent: _____

Contact Person: _____

Title: _____

Street Address: _____

Mailing Address (if different) _____ Telephone _____

Fax: _____ E-mail: _____

COSTS AND FEES:

In accordance with Utah Code Annotated 62A-11-304.5, the *ORS* may pay a reasonable fee to a *Financial Institution* for compliance with this program. The reimbursement may not exceed the actual costs of the transference and matching of data. The reimbursement does not include programming costs and will not exceed \$150.00 per quarter.

If a *Financial Institution* seeks a quarterly reimbursement, the *Financial Institution* shall be required to furnish the *ORS* an account of expenditures/costs incurred in the performance of transfer services. The *Financial Institution* shall submit an itemized statement of services rendered for the prior quarter and an ORS FM 03 FORM, (*Financial Institution Reimbursement Request*) within 45 days of the end of each calendar quarter. Upon receipt of the properly completed reimbursement claim forms, the *ORS* shall authorize payment no later than 30 days after the receipt of accurate and complete reports which are useable by the *ORS*, of the actual costs not to exceed the rate of reimbursement specified above. Claims shall be submitted to:

Attention: Tiffeni Wall
Office of Recovery Services
PO Box 45011
Salt Lake City, UT 84145

(801) 536-8902 Fax: (801) 536-8509 E-mail: orsfidm@utah.gov

ADDITIONAL TERMS:

This agreement will commence January 1 each year, for one year. The Agreement may be amended, waived or voided in writing at any time by mutual consent of both parties.

SIGNATURES:

Financial Institution:

Financial Institution Name

Contact Signature

Title

Date

Financial Institution Service Provider (If Applicable):

Institution Name

Agent Signature

Title

Date

Office of Recovery Services/Child Support Services:

Emma L. Chacon

Director, ORS

Date

James N. Kidder

IV-D Director, Deputy Director, ORS

Date

Mike Tazelaar

Deputy Director, ORS

Date

Tiffeni Wall

Financial Institution Matching Coordinator

Date